

OPWDD LGBTQIA+ TRAINING EVALUATION FORM

Instructors: Upon completion of the session, please send this form on to your local training office for record keeping purposes.

LGBTQIA+ Presenter:	Date: _				
Location:					
Please check a rating for each statement using the follow	wing rating				
scale:		5	4	3	2
5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree					
= Strongly Disagree					
he LGBTQIA+ session objectives were clearly explained.					
he session effectively met its stated objective.					
he materials helped me to understand the LGBTQIA+ subj					
The session content increased my understanding of the LGE	3TQIA+				
community.					
he subject matter will be useful to me in my job.					
he presenters were knowledgeable about the subject matte					
he presentation style contributed positively to the LGBTQIA					
he training environment contributed positively to the progra	.m.				
he length of the session was appropriate.					
		_	_		
 In your face-to-face group session, about how many 	/ were in atter	ndanc	e?		
F 40 10 140					
Fewer than 10 More than 10					
2. Were you engaged in the dialogue around situations	s and scenario	ne die	CUSSE	d in th	<u> </u>
session?	s and occitain	JO GIO	00000	u u.	•
Yes No					
3. Did the presentation make room for comments and	auestions from	n the	nartic	inante	?
5. Did the procentation make room for comments and	940000000000000000000000000000000000000		Partio	.pai 110	•
Yes No					

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	4.	What were some positive points of this presentation?
	5.	What improvements could be made to this presentation?
	6.	What suggestion(s) do you have for future discussions and/or content that would be relevant to your work location and responsibilities?
Name:	(C	Optional)

Thank you for your participation!